



Congregate and Assisted Living/Residential Care Service Providers

2019 Novel Coronavirus (COVID-19) Guidance

May 12, 2020

Intended Audience: This guidance is for Organizations that operate residential congregate care programs, which includes but is not limited to the Independent Housing with Services Program (IHSP), Adult Family Care Homes and Residential and Assisted Living Facilities (ALF).

This guidance is based on what is currently known about the transmission and severity of 2019 novel Coronavirus Disease (COVID-19). The Maine Department of Health and Human Services is working closely with the federal Centers for Disease Control and Prevention (CDC) to provide updated information about the COVID-19 outbreak.

This guidance will be updated as needed and as additional information is available. Please check the following resources regularly for up to date information:

- Maine CDC: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus.shtml>
- Federal CDC: <https://www.cdc.gov/>
- If you are a CMS-certified agency, please review and stay [updated on CMS guidance](#).

Other useful resources include:

- Information on optimizing Personal Protective Equipment (PPE) which includes suggestions for when PPE is unavailable and provides burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Guide to proper use of PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Guidance for Long Term Care Facilities Concerning Coronavirus Disease 2019- https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Findex.html
- Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Assisted Living Community- <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/AL-Guidance-Preventing-COVID19.pdf>

All Providers face specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee residential and congregate care programs.** Providers may develop their own policies and they should never compromise a client's or employee's health.

1. What is Coronavirus Disease 2019 (COVID-19) and how does it spread?

- COVID-19 is a respiratory virus. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.
- Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- This list is not all inclusive. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.
- According to CDC the virus is spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet).
- Spread is from respiratory droplets produced when an infected person coughs or sneezes.

2. Who should be most cautious?

- Those considered “high risk” include people over the age of 60, anyone with underlying health conditions or a weakened immune system, and pregnant women.
- Even those not considered "high risk" should take appropriate precautions to limit contact and exposure, as serious illness or death is not limited to those at highest risk. In addition, the healthy individual, or those who may have the virus but be asymptomatic, can expose those at high risk to the illness if they don't take proper precautions.

3. Mitigating the Risk of Spreading COVID-19

A. Screen all staff, visitors, vendors, and clients

- Individuals with any of the conditions below should be restricted from entering the facility:
 - Sick with fever (100.3), cough, or sneezing
 - Close contact with a person diagnosed with COVID-19 in the past 14 days
- Staff should be advised to stay home if they are sick.

B. Restrictions on Visitors

- Develop a policy or procedure limiting access to all potential visitors including family members, staff and other potential visitors and other non-essential personnel.
- Reduce access to the program site to one single point of entry.
- Practice “social distancing;” always keep at least six feet between individuals.
- Encourage all visitors to wear cloth face coverings.

C. Communal/Congregate Dining

- Instead of communal dining, consider delivering meals to rooms, creating a “grab n’ go” option for residents, or staggering meal times to accommodate social distancing while dining (e.g., a single person per table).

D. Group Activities

- Cancel all group activities that cannot adhere to social distancing practices.
- Work to implement social distancing among residents. Social distancing means people remain at least 6 feet apart to limit potential for transmission.

E. Protection Best Practices

- CDC recommends universal use of standard precautions <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>, when caring for any client.
 - Reinforce the importance of strict adherence to Standard Precautions during all client encounters.
 - Standard Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.
 - i. For example, a facemask and eye protection should be worn during the care of any client if splashes, sprays or coughs could occur during the client encounter.
 - ii. Similarly, gloves should be worn if contact with body fluids, mucous membranes, or nonintact skin is anticipated.
- Prepare and Educate Staff
 - Ensure staff are aware of sick leave policies and are encouraged to stay home if they have Covid-19 Like Illness (CLI):
 - Feeling feverish or having a measured fever (greater than or equal to 100.3 Fahrenheit); OR
 - A new (within the last 7 days) cough; OR
 - New shortness of breath; OR
 - New sore throat
 - Advise staff to check for any signs of CLI before reporting to work each day and notify their supervisor if they become ill when at work.
 - Do not require a healthcare provider's note for staff to be able to use sick days or for staff to return to work after being sick
 - Incentivize these behaviors by compensating employees for staying home if they have CLI.
 - If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home by their primary care physician.
- Avoid close contact with people who are sick.
- **Reinforce the practice of good daily hygiene with all staff.**
 - Wash your hands often with soap and water for at least 20 seconds, especially:
 - After going to the bathroom;
 - Before eating;
 - After blowing your nose, coughing, or sneezing; and
 - Upon entering and exiting the client's room.
 - Health care workers perform hand hygiene in the following situations:
 - Before resident contact, even if PPE is worn
 - After contact with the resident
 - After contact with blood, body fluids or contaminated surfaces or equipment
 - Before performing an aseptic task
 - Add/removing PPE
 - If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
 - Cover a cough or sneeze with a tissue and dispose of tissue.
 - Don't touch your eyes, nose or mouth without first carefully washing your hands.
 - Properly clean all frequently touched surfaces on a regular basis using everyday cleaning products.
 - Avoid sharing dishes, drinking glasses, eating utensils, or towels.
 - Wash dirty dishes in a dishwasher or, if by hand, with warm water and soap.
 - Laundry can be washed in a standard washing machine with warm water. It is not necessary to separate laundry used by a client from other household laundry.
 - In order to avoid germs, do not shake dirty laundry or "hug" dirty laundry to your chest to carry it.
- Identify ways to limit direct person-to-person contact by leveraging technology, where appropriate.

- Providers should also review MaineCare’s recently released [telehealth guidance](#), which also includes links to resources for providers who may need help providing telehealth services.
- For more information go to the CDC link here: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>

4. Cases of COVID-19 in Employees or Residents

- If staff had close contact (within 6 feet for 30 minutes or more) with a person who tested positive for COVID-19 while they were symptomatic or within 48 hours before their symptoms started:
 - They need to quarantine at home/room for 14 days.
 - Take their temperature 2x per day and monitor for fever, cough, or difficulty breathing.
- If staff have had contact (within 6 feet for less than 30 minutes) with a person who has tested positive for COVID-19 while they were symptomatic OR within 48 hours before their symptoms started OR If they have been in the same room (more than 6 feet away) at the same time as a person who tested positive:
 - No quarantine is recommended.
 - Monitor for symptoms for 14 days and contact healthcare provider if symptoms develop
- If staff have been in a room at a different time than a person who tested positive:
 - No action is needed. You are not considered a contact.
- If staff have had contact with someone who has been in contact (no direct contact) with a person who has tested positive.
 - No action is needed.
- Provide PPE, such as a face mask, for a resident exhibiting symptoms of COVID-19. Staff or family members that are in the same room as the individual should wear a face mask and stand at least 6 feet away.
- In a confirmed case, close off all areas used by the ill person. If the exposed area(s) can be isolated, the remainder of the facility may remain open.
- If an employee tests positive follow the CDC guidelines here <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html> to determine when an employee may safely return to work.

5. Continuity of Operations

Anticipate and plan for staffing challenges. Further guidance and support will be coming from the Department to assist with this however these preparedness steps may help protect your agency while minimizing disruption to your important services.

- Develop or review business continuity plans for how to keep critical services going if staffing levels drop due to illness or taking care of ill family members or children that may be temporarily out of child care or school settings.
- Be prepared to change your practices as needed to maintain critical operations (e.g., prioritize clients or temporarily suspend some services, if needed).
- You may also wish to refer to [CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.
- Assure you have adequate supplies of soap, paper towels, disposable gloves, disposable masks, tissues, hand sanitizers, cleaning supplies, and garbage bags.
- Telehealth may be an option for some services. MaineCare and OADS have issued guidance broadly expanding acceptable uses of telehealth for client contact. https://www.maine.gov/dhhs/oms/pdfs_doc/COVID-19/CMS-Medicaid-Telehealth-Services-March2020.pdf

